CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level	
0774	3	Frontier Elem	43	EL	
Proposed Restric	ted Indirect Cost Ra	te% (Rou	nd to nearest hundredth (X	XX%) of a percent.)	
	e submitted for the el	with one copy of each app lementary and high school			
This is to certify that knowledge and believed.		indirect cost rate proposal	submitted herewith and	to the best of my	
allowable in accorda A-87, "Cost Principle	ance with the requirer es for State and Loca	establish the final indirect coments of the Federal award of Governments." Unallowater dermined Indirect Cost Allow	d(s) to which they apply a able costs have been adj	and OMB Circular	
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	between the expense plicable requirements ned as direct costs. In ablic Instruction will be	properly allocable to Fede s incurred and the agreem s. Further, the same costs addition, similar types of a notified of any accounting prrect.	ents to which they are a that have been treated a costs have been accoun	llocated in as indirect costs ted for consistently	
	ct Superintendent o	r Board Stre	eet Address or P.O. Bo	х	
Printed Name of A	uthorized Official	City	31 Box 3043	Zip Code	
		Wo	lf Point	59201	
Title		Dat	е		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED F	OR THE SUPERINTENDE	NT OF PUBLIC INSTRU	JCTION BY:	
Ар	proved Rate for FY2		e Approved		
		l l			

CERTIFICATION FOR INDIRECT COST RATE

PO E	Box 202501 na, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0775	9	Poplar Elem		43	EL	
Proposed Restricte	d Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)	
INSTRUCTIONS: Co application should be returned upon approv	submitted for the ele					
This is to certify that I knowledge and belief:		ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
(1) All costs included allowable in accordan A-87, "Cost Principles costs as indicated in t	ce with the requirements for State and Local	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply a ve been adju	nd OMB Circular	
(2) All costs included casual relationship be accordance with appli have not been claime and the Office of Publi predetermined rate.	tween the expenses cable requirements. d as direct costs. In ic Instruction will be it	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently	
Signature of District Chairperson			Street Address	or P.O. Box		
Printed Name of Aut	horized Official		Box 458 City	Z	Zip Code	
			Poplar	5	9255	
Title			Date	1		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
	Helena, MT 59620-	-2501				
ACCEPTED A	Helena, MT 59620-		NDENT OF PUBL	LIC INSTRU	CTION BY:	
		R THE SUPERINTE	NDENT OF PUBLE Date Approved	LIC INSTRU	CTION BY:	

CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501	Due f	Due May 31, 2004			
Legal Entity # School Dist. #	School Name	County	Level		
0776 9B	Poplar H S	43	HS		
Proposed Restricted Indirect Cost R	ate% (Round to r	nearest hundredth (X.)	XX%) of a percent.)		
INSTRUCTIONS: Complete and submit application should be submitted for the ereturned upon approval of your rate.			•		
This is to certify that I have reviewed the knowledge and belief:	e indirect cost rate proposal subm	itted herewith and to	o the best of my		
(1) All costs included in this proposal to allowable in accordance with the require A-87, "Cost Principles for State and Loc costs as indicated in the attached Prede	ements of the Federal award(s) to al Governments." Unallowable co	which they apply an osts have been adju	nd OMB Circular		
(2) All costs included in the proposal are casual relationship between the expens accordance with applicable requirement have not been claimed as direct costs. and the Office of Public Instruction will be predetermined rate. I declare that the foregoing is true and of the open claimed in the proposal are casually as a contract of the proposal are casual relationship between the expens accordance with applicable requirement of the proposal are casual relationship between the expens accordance with applicable requirement have not been claimed as direct costs.	es incurred and the agreements to ts. Further, the same costs that he land in addition, similar types of costs to the notified of any accounting change.	o which they are allo ave been treated as have been accounto	ocated in s indirect costs ed for consistently		
Signature of District Superintendent or Board Street Address or P.O. Box					
•	or Board Street Ad	.u. 555 51 1 101 25X			
Chairperson	Box 458				
•			Zip Code		
Chairperson Printed Name of Authorized Official	Box 458 City Poplar	Z			
Chairperson	Box 458 City	Z	Zip Code		
Chairperson Printed Name of Authorized Official	Box 458 City Poplar Date ng and Budgeting nstruction	Z	Zip Code		
Chairperson Printed Name of Authorized Official Title Send completed form to: School Accountin Office of Public Ir PO Box 202501 Helena, MT 5962	Box 458 City Poplar Date ng and Budgeting nstruction	5	Zip Code 59255		
Chairperson Printed Name of Authorized Official Title Send completed form to: School Accountin Office of Public Ir PO Box 202501 Helena, MT 5962	Box 458 City Poplar Date and Budgeting enstruction 20-2501 FOR THE SUPERINTENDENT O Date App	F PUBLIC INSTRU	Zip Code 59255		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0777	17J/R	Culbertson Elem		43	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest I	hundredth (X.)	XX%) of a percent.)
	Complete and submit on submit on submitted for the election of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ef:	indirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to e ance with the requirer es for State and Loca n the attached Predet	ments of the Federal a language of the Governments." Una	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are between the expense plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of addition, similar type a notified of any accor	reements to which costs that have been es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent o		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 459 City	Z	Zip Code
			Culbertson	5	59218
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	ENDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY2	004	Date Approved		
			Signature		

Office of Public Instruction Linda McCulloch,

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31	, 2004		
Legal Entity #	School Dist. #	School Name		County	Level	
0778	17C/R	Culbertson H S		43	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular	
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same c addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are alloon treated as een accounted	cated in indirect costs d for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			Box 459			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Culbertson	59	9218	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	IC INSTRUC	TION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0780	45	Wolf Point Elem		43	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit on the election of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the lef:	indirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to e ance with the requiren es for State and Loca n the attached Predete	nents of the Federal a I Governments." Una	award(s) to which tallowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are pletween the expenses plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of a addition, similar type a notified of any accou	reements to which costs that have been es of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		220 4th Avenue S		Zip Code
			Wolf Point	5	9201
Title			Date	1	
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY2	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0781	45A	Wolf Point H S		43	HS	
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requiren es for State and Local on the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are potential between the expenses plicable requirements and as direct costs. In ablic Instruction will be regoing is true and content of the proposed in th	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have been es of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently	
	ct Superintendent or		Street Address			
Printed Name of A	uthorized Official		220 4th Avenue S		Zip Code	
			Wolf Point	5	9201	
Title			Date	1		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ap	proved Rate for FY20	004	Date Approved			
			Signature			

Office of Public Instruction Linda McCulloch,

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0782	55	Brockton Elem		43	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo submitted for the electory or an arms.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accorda	d in this proposal to es ance with the requirement es for State and Local on the attached Predetel	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be pregoing is true and corregoing is true and corregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the structure.	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 198			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Brockton	5	9213	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0783	55F	Brockton H S		43	HS
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo submitted for the electory or an arms.				
This is to certify tha knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed they are allowed they are are accounted to the they are	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 198 City	Z	Zip Code
			Brockton	5	9213
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

F	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0785	64D	Bainville K-12 Sch	ools	43	K12	
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit voe submitted for the electrical of your rate.					
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accord A-87, "Cost Princip	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are postween the expenses oplicable requirements. In the discrete costs. In the laboration will be the costs of the costs of the laboration will be the costs of the laboration will be the laboration of the laboration will be the laboration will be the laboration will be the laboration of the laboration will be the laboration will be the laboration will be the laboration of the laboration will be the laboration wil	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
Signature of Distriction	ict Superintendent or	Board	Street Address	or P.O. Box		
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Bainville	5	9212	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	004	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	PO Box 202501 lelena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0786	65	Froid Elem		43	EL	
Proposed Restric	eted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit woe submitted for the electory oval of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar /e been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and corr	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allower treated as een accounted	ocated in indirect costs ed for consistently	
	ict Superintendent or		Street Address	or P.O. Box		
Printed Name of A	uthorized Official		Box 218 City	Z	Zip Code	
			Froid	5	9226	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0787	65E	Froid H S		43	HS
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vole submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which tellowable costs have	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are potential between the expenses plicable requirements. In the das direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 218 City	Z	Zip Code
			Froid	5	9226
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Ins: PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		